

CLARK COUNTY STAFF REPORT

DEPARTMENT/DIVISION: Clark Regional Emergency Services Agency - EMS

DATE: December 17, 2013

REQUEST: Consider of approval of the 2014 professional services contract with the Clark County Medical Program Director

CHECK ONE: Consent Hearing Chief Administrative Officer

BACKGROUND: Based on the Uniform Emergency Medical Services (EMS) Ordinance 5.48A and EMS Interlocal Agreement 3802207, Clark County shall contract with the Medical Program Director (MPD) to prescribe the standards of EMS care for EMS providers in Clark County. These standards of care include: certification and training of personnel; development of clinical protocols, and overseeing the quality of care provided. The MPD is appointed by the State Department of Health pursuant to RCW 18.71.

In 2001, Clark Regional Emergency Services Agency (CRESA) entered into an Interlocal Agreement with EMS District #2 (District) and Clark County. This agreement designated CRESA to provide material and staff support for the administration of the ambulance contract for the District and uniform EMS regulation for the County that includes the administration of the contract with the MPD.

The MPD Contract establishes the professional services to be carried out by the MPD and compensation provided by CRESA as part of the 2013/2014 EMS budget on behalf of the County. This Contract is automatically renewed on an annual basis and compensation for each subsequent year is based on the approved work plan and budget that is set forth in the Scope of Work.

BUDGET AND POLICY IMPLICATIONS: The MPD's fee of \$171,532 for professional services is incorporated in the recommended baseline 2013/2014 CRESA EMS Program budget. One Hundred Percent (100%) of the EMS budget is funded by the District's ambulance contractor through a Contract Administrative Fee (Fee).

Due to the current economic recession and the decreasing revenues from Medicare changes and a growing uninsured population, the MPD worked with the CRESA EMS Program to reduce the MPD's costs for professional services in 2010 by 10% compared to 2009. The amount requested for 2014 reflects a 3% increase from 2013, yet is still a .6% increase compared to 2009. This increase is based on an increase in the 2014 Scope of Work.

FISCAL IMPACTS:

Yes (see attached form)

No



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OK
H.N*

ACTION REQUESTED: Consider approval of the 2014 professional services contract with the Clark County Medical Program Director.

DISTRIBUTION: CRESA, Prosecuting Attorney, Dr. Lynn Wittwer



Anna Pendergrass, Director
Clark Regional Emergency
Services Agency

Approved: Dec. 17, 2013

CLARK COUNTY, WASHINGTON
BOARD OF COMMISSIONERS

SR 267-13

Attachments: 2014 Scope of Work and Budget

Clark County Medical Program Director Contract

FISCAL IMPACT ATTACHMENT

Part I: Narrative Explanation

I. A – Explanation of what the request does that has fiscal impact and the assumptions for developing revenue and costing information

Emergency Medical Services are provided via contract with Medical Program Director. The contract is subject to approval of the Clark County Board of Commissioners. The contract period is for 2014. The contract cost, as well as other operating expense, is funded via dedicated revenue received from ambulance contractor fees.

Part II: Estimated Revenues

Fund #/Title	Current Biennium		Next Biennium		Second Biennium	
	GF	Total	GF	Total	GF	Total
Fund 1004 EMS Fund (for 2014 only)	\$788,278	\$788,278				
Total	\$788,278	\$788,278				

II. A – Describe the type of revenue (grant, fees, etc.)

Part III: Estimated Expenditures

III. A – Expenditures summed up

Fund #/Title	FTE's	Current Biennium		Next Biennium		Second Biennium	
		GF	Total	GF	Total	GF	Total
Fund 1004 EMS Fund (for 2014 only)	N/A	\$781,278	\$781,278				
Total		\$781,278	\$781,278				

III. B – Expenditure by object category

Fund #/Title	Current Biennium		Next Biennium		Second Biennium	
	GF	Total	GF	Total	GF	Total
Salary/Benefits						
Contractual	\$171,532	\$171,532				
Supplies						
Travel						
Other controllables						
Capital Outlays						
Inter-fund Transfers						
Debt Service						
Total	\$171,532	\$171,532				

EXHIBIT A

2014 SCOPE OF WORK (SOW) and Budget

Clark County Medical Program Director EMS District #2

1.0 BACKGROUND AND PURPOSE

This document is the 2014 Scope of Work (SOW) and budget for the Medical Program Director (Contractor) to fulfill the responsibilities defined the Professional Services Contract between Clark County, Washington (County) and the Contractor.

The following SOW establishes various performance goals and work plans of the Contractor as it relates to the prehospital care provided by the ambulance contractor's field personnel, as well as the ambulance contractor's and CRESA's emergency medical dispatchers¹.

Due to unforeseen system standard of care needs, the priorities of this program may change. True measure of contract performance will be provided through monthly statements (Exhibit B) and the Annual MPD Report.

2.0 COMPENSTATION

The compensation for the Contractor's professional services is in CRESA's EMS Program 2014 budget under line item 410 for \$171,532 and shall be divided into 12 equal monthly payments or \$14,294 per month.

ADOPTED this ____ day of _____, 2014

By _____
Lynn K. Wittwer, M.D.

By 
Chair, Board of Commissioners
Clark County, Washington

¹ Note: The performance goals and work plan may reference WAC and the county as a whole due to how the MPD carries out his duties as the state appointed county MPD, This SOW is specific to the ambulance contractor's field personnel, as well as the ambulance contractor's and CRESA's emergency medical dispatchers. This SOW will also apply to instances of joint trainings and QI exercises involving ambulance contractor's personnel and other county EMS personnel.

3.0 PERFORMANCE GOALS

- 3.1 **Training, Continuing Education and Certification** – Ensure offerings for initial certification and training/continuing education programs for all county EMS personnel meet or exceed standards set by state law. In addition, ensure compliance with regulations established for the EMS District #2 (District) ambulance contractor's field personnel, as well as the contractor's and CRESA's control center personnel.
- 3.2 **Clinical Protocols/Guidelines** – Develop, maintain, and annually review all written protocols and guidelines for control center and prehospital providers as they pertain to prehospital care and transport in Clark County.
- 3.3 **Standards for Equipment and Supplies** – Develop and revise as needed an inspection checklist and documentation form for medical equipment and supplies to be stocked on ambulances and mobile intensive care units in Clark County.
- 3.4 **Quality Assurance** – Conduct ongoing quality assurance audits of Clark County emergency medical dispatch and ambulance personnel, as well as the District's system performance measures that ensure quality service and patient care.
- 3.5 **System Studies** – Coordinate and assist with local, regional, state, or national system studies and research for the purpose of enhancing patient care.
- 3.6 **Boards and Meetings** – Actively lead/participate in ambulance contractor clinical work sessions and District meetings for the purpose of sharing and obtaining broad based input for improving system efficiency and patient care.
- 3.7 **Reports** – Develop and assist in the development of reports outlining the clinical performance of the system for the purpose of identifying deficiencies, progress, and plans for improving patient care.

4.0 WORK PLAN

4.1 **Training, Continuing Education and Certification**

- 4.1.1 **Review and Approve EMT Course Content and Instructors [WAC 246-976-021 (2) (a) (i and ii)]**. Review and approve initial EMT certification courses and instructors provided in Clark County.
- 4.1.2 **Approve Senior EMS Instructors [WAC 246-976-031 (2) (e) (ii) and 246-920-920 (m)]**. Recommend to the State Department of Health approval of SEIs who are responsible for initial first responder and EMT-Basic courses
- 4.1.3 **Initial Written Exam, Interview and Recommendation of Certification and Recertification [WAC 246-976-920 (1) (k) and (2) (e)]**: 1) Develop and oversee

the initial written exam for Clark County paramedics; 2) conduct a one-on-one interview with those paramedics that meet appropriate certification requirements and have successfully passed the written exam; 3) recommend EMT and paramedic certification and recertification to the State Department of Health ; and 4) oversee certification process used for CRESA EMDs.

- 4.1.4 Field/Dispatch Evaluation: 1) Establish the standards for field observation process for new hires, probationary employees, and lead paramedic candidates; 2) Ensure proper documentation of field observation is being done by the EMS agency; and 3) Approve the standards and monitor the dispatch evaluation process for all CRESA EMDs.
- 4.1.5 Continuing Education and Special Training [WAC 246-976-920 (1) (h), 246-976-161 and 246-920-021(5)]: 1) Directly provide for and, supervise Washington State Department of Health approved Paramedic Continuing Education Progra (PCEP) recertification program that meets or exceeds the requirements established by state law for recertifying Clark County personnel. 2) Directly provide for and/or supervise additional recertification training offered through EMS training personnel and other health care professionals. 3) All such training shall be based on guidelines for recertification via the Department approved Ongoing Training and Evaluation Program (OTEP) for Basic Life Support (BLS) and Intermediate Life Support (ILS) personnel; and PCEP for Advanced Life Support (ALS) paramedics. 4) Supervise the recertification training of the CRESA EMD personnel. All such training shall meet, or exceed the requirements by the NAED for recertifying EMD personnel.
- 4.1.6 Counseling, Restriction, Suspension and Revocation [WAC 246-976-920 (1) (l)]: 1) Coordinate with Clark County EMS agencies appropriate counseling and restriction regarding patient care for those EMT's and Paramedics requiring remediation; 2) Recommend to the Department EMS personnel disciplinary action that may include: modification, suspension, or revocation of certification.

4.2 Clinical Protocols/Guidelines

- 4.2.1 Emergency Medical Dispatch Protocols: 1) Approve EMD protocols used by CRESA EMDs. 2) Determine appropriate EMS response upgrades to given EMD call types. 3) Further define, as required in EMD protocols, specific direction given by local medical control pertaining to patient care. The CRESA EMDs use the current version of MPDS produced by Priority Dispatch Corporation and approved by the NAED.
- 4.2.2 Clark County Prehospital Care Guidelines [WAC 246-976-920 (1) (c)] Regularly complete a review of prehospital care protocols and revise as appropriate. Protocol revision shall take into consideration results of medical audits, input from other providers including field personnel and interested physicians, and any pertinent research (See Exhibit 9 for copy of current Clark County EMS Prehospital Care Guidelines).
- 4.2.3 Controlled Substance Guidelines [WAC 246-976-920 (1) (d)] Establish standards for storing, dispensing and administering controlled substances in accordance with state and federal regulations and guidelines.
- 4.2.4 Regional EMS and Trauma Care Plans [WAC 246-976-920 (1) (f)] Provide recommendations in the development and revision of the SW Regional EMS and Trauma Care Plan.

4.3 Standards for Equipment and Supplies

- 4.3.1 County List of Medical Supplies and Equipment: 1) Develop and revise as needed and in collaboration with the EMS providers, a checklist of equipment and supplies to be stocked on Clark County first response units and ambulances.

4.4 Quality Assurance

- 4.4.1 Prospective: (see 4.1)
- 4.4.2 Concurrent [WAC 246-976-920 (1) (j)] Participate in direct evaluation of the Clark County EMS personnel provision of prehospital care from 1) random ride-a-longs, or 2) participate and evaluate clinical skills performance using on-site simulation training and/or evaluations.
- 4.4.3 Retrospective [WAC 246-976-920 (1) (j)]: 1) In collaboration with EMS providers, determine EMS call types for mandatory and random chart review; 2) Ensure 90% compliance that such charts are being reviewed; 3) Ensure results of these reviews are used for quality assurance monitoring and education purposes; 4) Oversee the District's EMD quality assurance process (See Exhibit 9); 5) Provide quarterly report summarizing system performance (i.e., compliance to protocol, compliance to procedures, etc); 6) Administer patient care investigations in response to complaints/inquires regarding prehospital care provided; 7) As needed, conduct appropriate counseling and corrective action working with the involved agency's management; and 8) In collaboration with the EMS providers, identify at least annually what reports will be provided to ensure such reporting is meaningful for improved patient care.

a) Specific Review of Cardiac Arrest Calls with the goal of: (i) 100% Review of Out-of-Hospital Cardiac Arrest CPR Process tapes, with feed-back to EMT personnel within 72 hours of incident; and (ii) 100% review of CRESA EMD Cardiac arrest reports, tapes, and pre-arrival instructions.

4.5 System Studies

- 4.5.1 Research - Lead in the establishment of a research agenda for the County as well as oversee and participate in other area research projects related to prehospital care.

4.6 Boards and Meetings

- 4.6.1 County EMS Training and Quality Improvement Committee – Coordinate monthly EMS Training and Quality Improvement Committee meetings for the purpose of: 1) coordinating EMS education and training including review of State mandated curriculum and content changes as well as oversight of instructor qualifications and lesson plan development; 2) review of patient care incidents as they pertain to the standard of care and county operating procedures; 3) review of response time and procedural compliance; 4) development of patient care guidelines; and 5) evaluation of new EMS procedures, equipment and medications.
- 4.6.2 Medical Dispatch Review Committee Meetings [WAC 246-976-920 (1) (e)] – Regularly attend the Medical Dispatch Review Committee meetings for the purpose of: 1) coordinating EMD education and training; 2) quality review of pertinent EMS calls; 3) implementation of new protocols; 4) Review of pre-arrival instructions, and 5) special projects (NAED re-accreditation).
- 4.6.3 Clark County EMS and Trauma Care Council Meetings [WAC 246-976-920 (1) (e)] – Regularly attend the County EMS and Trauma Care Council that: 1) reviews, evaluates and recommends to the SW Region EMS and Trauma Care Council (SW EMS/TC) the provision of and plan for EMS and trauma

care in the region; 2) makes recommendations to SW EMS/TC about the development of regional patient care procedures; 3) Review Senior EMS instructor applications and make recommendation to the State Department of Health's Office of EMS and Trauma System (DOH/EMSTC); 4).recommends initial training classes and OTEP programs to the (DOH/EMSTC)

- 4.6.4 EMS Administrative Board Meetings – Regularly attend the EMS Administrative Board (EMSAB) meetings and provide clinical expertise regarding EMS System performance pertaining to the Contract for Ambulance Service.
- 4.6.5 EMS Scientific Review – Regularly attend monthly EMS Scientific Review meetings to receive updates and discuss the research related to ROC.
- 4.6.6 SW Regional EMS and Trauma Care Council Meetings [WAC 246-976-920 (1) (e)] – Regularly attend the SW Region EMS and Trauma Care Council that includes in part: 1) assessment of regional EMS and trauma care needs; 2) identification of resources (personnel, training, facilities and equipment) to meet those needs; 3) development of a plan to meet the state standards of patient care outcomes; 4) establishing the number and level of trauma care facilities; and 5) recommending to the Department the number and level of prehospital care services.
- 4.6.7 Governor's Steering Committee- Prehospital Technical Advisory Committee (GSC-PHTAC) - Regularly attend the Governor's Steering Committee that advises the state on the Prehospital EMS and Trauma State Plan, and on administrative rules pertaining to prehospital provider licensing and certification. Participate in any appropriate TAC reporting to the GSC.
- 4.6.8 State Medical Program Director – Attend the regularly scheduled Medical Program Directors meeting.
- 4.6.9 Other Committees- Participate as needed in other committees pertinent to the continuum of EMS care, i.e. SWMC Stroke committee, Cardiac Care committee, ED Performance Enhancement Committee, etc.

4.7 Reports

- 4.7.1 Monthly Procedural Compliance Reports – 1) Work with the CRESA EMS Data Analyst in developing reports that track procedural compliance rates (i.e., IV, ET, etc.) by individual and agency. 2) On a monthly basis review such reports and investigate anecdotal cases not previously identified in the retrospective review process.
- 4.7.2 Monthly Response Time Report – 1) Review and approve the District's ambulance Contractor monthly response time report including requested exemptions and final fracture report provided by CRESA's EMS Program.
- 4.7.3 Monthly EMD Compliance Reports – 1) Review and approve the District's monthly EMD compliance reports provided by CRESA and the District ambulance Contractor.
- 4.7.4 Annual Report – 1) Provide an annual written report no later than February 15 of each year outlining: 1) the completion of the previous year's MPD's contract scope of work including a self evaluation of performance; 2) the clinical performance of the system, its deficiencies, and its progress; 3) results of current research projects.
- 4.7.5 Other – Collaboratively work with the EMS providers to develop reports that are useful at improving patient care.
- 4.7.6 Participate with the Washington CARES Program.

Exhibit B

MEDICAL PROGRAM DIRECTOR MONTHLY REPORT

Month Reported		Hours	Persons	YTD Total	
				Hours	Persons
	Work Completed				
4.1	Training, Continuing Education and Certification				
4.1.1	Approve EMT Course Content and Instrs [WAC 246-976-021(2)(a I, ii)]				
	EMT-P				
	EMT-I				
	EMT-B				
4.1.2	Recommend Senior EMS Instrs. [WAC 246-976-920(1)(m)]				
4.1.3	Exam, Interview, Certification and Re-Certification [WAC 246-976-920(1)(k)]				
	Paramedic Written Exam and Interview				
	Recommend EMT certification and recertification to the State				
	Oversee EMD certification and recertification process				
4.1.4	Field/Dispatch Evaluation of New Hires, Probationary Employees, and Leads				
4.1.5	Continuing Education and Special Training [WAC 246-976-161 (1) (a,D, ii approved / 920(1)(h)] supervised				
	PCEP (150 hrs./3 yrs.) [WAC 246-976-161 (1) (d) iii] approved				
	<i>Didactic: [WAC 246-976-161 (1) (g)]</i>				
	<i>Skills: [WAC 246-976-161 (1) (g)]</i>				
	OPEP (30 hrs./3 yrs.) [WAC 246-976-161 (1) (d) iii] approved				
	<i>Didactic: [WAC 246-976-161 (1) (g)]</i>				
	<i>Skills: [WAC 246-976-161 (1) (g)]</i>				
	EMD (24 hrs. / 2 yrs.)				
4.1.6	Counseling, Restriction, Suspension, Revocation [WAC 246-976-920(1)(l)]				
4.2	Clinical Protocols/Guidelines				
4.2.1	Emergency Medical Dispatch Protocols				
4.2.2	Prehospital Care Guidelines [WAC 246-976-920(1)(c)]				
4.2.3	Controlled Substance Guidelines [WAC 246-976-920(1)(d)]				

Month Reported		Hours	Persons	YTD Total	
	Work Completed			Hours	Persons
4.2.4	Regional EMS and Trauma Care Plans [WAC 246-976-920(1)(f)]				
4.3	Standards for Equipment and Supplies				
4.3.1	List of Ambulance Medical Equipment and Supplies				
4.4	Quality Assurance				
4.4.1	Prospective (See 4.1)				
4.4.2	Concurrent [WAC 246-976-920(1)(j)]				
	Ride-a-longs, or				
	Mega Code / Simulation Training				
4.4.3	Retrospective [WAC 246-976-920(1)(j)]				
	EMD – Oversee QA Process				
	EMS – Directly provide or ensure 90% of Flag Chart Review (i.e., (Cardiac Arrest, Trauma Entry, STEMI, RSI, Critical Cardiac)				
	Individual Chart Review (new, remedial)				
	Inquiry/Complaint [WAC 246-976-191(1)(b)]				
	Monitor Individual/Agency/System Skills Compliance Rates				
	100% Review of Cardiac Arrest Process data and EMD tapes				
4.5	System Studies				
4.5.1	Research: ROC studies and Washington CARES program				
4.6	Boards and Meetings				
4.6.1	Monthly EMS Training and Quality Management				
4.6.2	Medical Dispatch Review Committee [WAC 246-976-920(1)(e)]				
4.6.3	County EMS and Trauma Care Council [WAC 246-976-920(1)(e)]				
4.6.4	EMS Administrative Board				
4.6.5	EMS Scientific Review				

Month Reported		Hours	Persons	YTD Total	
	Work Completed			Hours	Persons
4.6.6	Regional EMS and Trauma Care Council [WAC 246-976-920(1)(e)]; SWMC Stroke Committee; Cath Lab Committee; ED Performance Enhancement Committee				
4.6.7	State Governor's Steering Committee on EMS/TC				
4.6.8	State MPD				
4.6.9	Other Committee Meetings				
4.7	Reports				
4.7.1	Monthly Procedural Compliance				
4.7.2	Monthly Response Time				
4.7.3	Monthly EMD Compliance				
4.7.4	Annual Report				
4.7.5	Other				
	Total				